

Atty Docket No. 00287S-004820US

PTO FAX NO.: 703/ 872-9306

ATTENTION: Examiner GARLAND, STEVEN

Group Art Unit 2786

**OFFICIAL COMMUNICATION  
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EXAMINER GARLAND, STEVEN**

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**CERTIFICATION OF FACSIMILE TRANSMISSION**

I hereby certify that the following documents in re Application of PHILIP S. GREEN

Application No. 08/709,930, filed September 9, 1996 for SURGICAL SYSTEM

are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Number of pages being transmitted, including this page: 2

Dated: 11 January 2005

  
Nancy Pizzo

Documents Attached

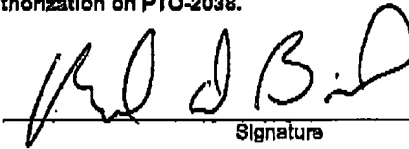
1. SB/31 - Notice of Appeal

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PTO/SB/31 (09-04)

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 00287S-004820US	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on <u>11 January 2005</u> Signature _____ Typed or printed name <u>Nancy Pizzo</u>		In re Application of <b>PHILIP S. GREEN</b>	
		Application Number <b>08/709,930</b>	Filed <b>September 9, 1996</b>
		For <b>SURGICAL SYSTEM</b>	
		Art Unit <b>2786</b>	Examiner <b>GARLAND, STEVEN</b>
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.			
The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))		\$ <u>500</u>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:		\$ _____	
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>20-1430</u> . I have enclosed a duplicate copy of this sheet.			
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<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>			
I am the			
<input type="checkbox"/> applicant/inventor.		Signature	
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86)		Mark D. Barrish	
<input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>36,443</u>		Typed or printed name	
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____		<u>650-326-2400</u>	
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
<input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted.			

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